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**\*\* CONTINUING DATA \*\*\*\*\*** *NONE* *LS*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *NONE* *LS*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 02/13/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>		

**ADDRESS**  
47626

**TITLE**  
Accuracy array assay system and method

<b>FILING FEE RECEIVED</b> 1646	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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